

10/756,817
Application No. ~~10/756,617~~AMENDMENTS TO THE CLAIMS

A detailed listing of all claims that are, or were, in the present application, irrespective of whether the claim(s) remains under examination in the application are presented below. The claims are presented in ascending order and each includes one status identifier. Those claims not cancelled or withdrawn but amended by the current amendment utilize the following notations for amendment: 1. deleted matter is shown by strikethrough; and 2. added matter is shown by underlining.

1-34. (Canceled).

Please add new claims 35-54 as follows:

35. (New) A method of resecting bone for a knee implant procedure comprising:

operably positioning at least one generally planar cutting guide surface that is adapted to interface and guide a saw blade such that at least a portion of the at least one guide surface is positioned along one of a medial side or a lateral side and proximate an end of a long bone of a leg associated with a knee, the at least one guide surface also being positioned generally transverse to a long axis of the long bone with the portion of the at least one guide surface having a longer dimension generally along the at least one of the medial or lateral side and a shorter dimension generally transverse to the longer dimension;

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using a cutting tool having a saw blade with a cutting edge at a distal end of a long axis of the saw blade to create at least one resected surface of the end of the long bone by guiding the saw blade with at least the portion of the at least one guide surface and moving the long axis of the saw blade in a direction generally parallel to the shorter dimension; and

implanting a knee implant on the at least one resected surface.

36. (New) The method of claim 35 wherein the long bone is the femur and the step of positioning the at least one planar guide surface is performed proximate a distal end of the femur.

37. (New) The method of claim 36 wherein the step of using the cutting tool creates at least two resected surfaces, including a distal surface on the femur and an anterior surface on the femur.

38. (New) The method of claim 35 wherein the long bone is a tibia and the step of positioning the at least one planar cutting guide surface is performed proximate a proximal end of the tibia.

39. (New) The method of claim 38 wherein the at least one guide surface includes at least two portions, the portion located along the at least one of the medial side or the lateral side and an other portion located along an anterior side and proximate the end of the leg bone and having a longer dimension generally along the at least anterior side and a shorter dimension generally

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transverse to the longer dimension, the step of positioning the at least one guide surface is performed such the other portion extends to less than about one-half of a width of the anterior side.

40. (New) The method of claim 35 wherein the step of positioning further comprises:

using an alignment mechanism operably coupled to the at least one planar cutting guide surface to align the at least one guide surface relative to the leg bone in at least three degrees of freedom, at least one of the degrees of freedom being rotational; and

locking the alignment mechanism to position the at least one guide surface in a desired location and orientation.

41. (New) The method of claim 40 wherein the step of using the alignment mechanism is performed by moving the at least one guide surface through at least a portion of an infinitely adjustable range of motion for the at least one of the at least three degrees of freedom.

42. (New) The method of claim 35 wherein the step of using the cutting tool is performed with a powered saw selected from the set consisting of an oscillating saw or a reciprocating saw.

43. (New) A method of resecting bone for a knee implant procedure comprising:

providing a cutting guide having a slot adapted to receive and guide a cutting tool, the cutting tool having a saw blade with at least one cutting edge at a distal end of a long axis of the saw blade;

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positioning the cutting guide in a position proximate an end of one of a femur or a tibia with at least a portion of the slot facing the end of the one of the femur or the tibia from one of a medial aspect or a lateral aspect;

extending the saw blade through the slot;

cutting the end of the one of the femur or the tibia by moving the cutting tool in at least one of a medial to lateral direction or a lateral to medial direction to create at least one resected surface; and

implanting a knee implant on the at least one resected surface.

44. (New) The method of claim 43 wherein the step of positioning further comprises:

using an alignment guide operably coupled to the cutting guide to align the slot relative to the one of the femur or the tibia in at least three degrees of freedom, at least one of the degrees of freedom being rotational; and

locking the alignment guide to position the cutting guide in a desired location and orientation.

45. (New) The method of claim 44 wherein the step of using the alignment guide moves the cutting guide through an infinitely adjustable range of motion.

46. (New) The method of claim 43 wherein the cutting tool is a powered saw and the step of cutting is performed with the powered saw selected from the set consisting of an oscillating saw or a reciprocating saw.

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47. (New) A method for a knee implant procedure comprising:

providing implants and instrumentation for the knee implant procedure, the implants and instrumentation including at least:

a femoral implant;

a tibial implant;

a femoral intramedullary rod;

a femoral alignment guide extending at an angle to the femoral intramedullary rod;

a femoral cut guide mountable to the femoral alignment guide;

a tibial extramedullary alignment guide; and

a tibial cut guide;

resecting a distal end of a femur of a knee including at least:

inserting the femoral intramedullary rod into an intramedullary canal of the femur;

operably connecting the femoral alignment guide relative to the femoral intramedullary rod and positioning the femoral alignment guide so that a reference surface on the femoral alignment guide contacts a distal femoral condyle;

operably connecting the femoral cut guide to the femoral alignment guide and positioning the femoral cut guide to extend toward and generally along at least one of a medial side or a lateral side of the knee; and

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guiding a cutting tool having a saw blade with a cutting edge at a distal end of a long axis of the saw blade by using the femoral cut guide to create at least one resected surface on the distal end of the femur by guiding the long axis of the saw blade from the at least one of the medial side or the lateral side of the knee;

resecting a proximal end of a tibia of the knee including at least:

positioning the tibial extramedullary alignment guide relative to the tibia;

operably connecting the tibial cut guide to the tibial extramedullary alignment guide and positioning the tibial cut guide generally adjacent at least a portion of an anterior side of the tibia and at least one of the medial side or the lateral side of the knee; and

guiding a cutting tool having a saw blade with a cutting edge at a distal end of a long axis of the saw blade by using the tibial cut guide to create at least one resected surface on the proximal end of the tibia by guiding the long axis of the saw blade at least from the at least one of the medial side or the lateral side of the knee; and

implanting the implants by:

operably positioning the femoral implant with at least one fixation surface of the femoral implant generally adjacent the at least one resected surface of the femur; and

operably positioning the tibial implant with at least one fixation surface of the tibial implant generally adjacent to the at least one resected surface of the

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tibia.

48. (New) The method of claim 47 wherein the step of positioning the femoral cut guide comprises:

using the femoral alignment guide operably to align the femoral cut guide relative to the femur in at least three degrees of freedom, at least one of the degrees of freedom being rotational; and

locking the femoral alignment guide to position the femoral cut guide in a desired location and orientation.

49. (New) The method of claim 48 wherein the step of using the femoral alignment guide moves the femoral cut guide through an infinitely adjustable range of motion.

50. (New) The method of claim 47 wherein the step of positioning the femoral cut guide positions the femoral cut guide to extend toward and generally along one of the medial side or the lateral side of the knee.

51. (New) The method of claim 47 wherein the step of positioning the tibial cut guide comprises:

using the tibial alignment guide operably to align the tibial cut guide relative to the tibia in at least three degrees of freedom, at least one of the degrees of freedom being rotational; and

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locking the tibial alignment guide to position the tibial cut guide in a desired location and orientation.

52. (New) The method of claim 51 wherein the step of using the tibial alignment guide moves the tibial cut guide through an infinitely adjustable range of motion.
53. (New) The method of claim 47 wherein the step of positioning the tibial cut guide positions the tibial cut guide to extend toward and generally along one of the medial side or the lateral side of the knee.
54. (New) The method of claim 47 wherein the cutting tool for the step of resecting the distal end of the femur is the same as the cutting tool for the step of resecting the proximal end of the tibia and is a powered saw and each step is performed with the powered saw selected from the set consisting of an oscillating saw or a reciprocating saw.